



Franklin County Auditor

Joseph W. Testa

Geographic Information System
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GIS Products Request Form

Date: _____

Contact Person: _____

Telephone: _____

Organization / Department: _____

Address: _____
Street / p.o. box / bldg. City state zip

CD ROM SELECTION

NUMBER OF SETS

COST / CD

TOTAL

_____ DXF (drawing exchange format) Quarter: _____ Date: _____	_____	\$10.00 ea.	_____
_____ Metamap for Windows Quarter: _____ Date: _____	_____	\$10.00 ea.	_____
_____ Orthophotography 2000 JPEG _____ Mr SID _____	_____	\$10.00 ea.	_____
_____ Shape Files Quarter: _____ Date: _____	_____	\$10.00 ea.	_____

CUSTOM SERVICES

FACET NUMBERS

SCALE

COST

_____ Thematic Mapping	_____ Define Area Below	_____	_____
_____ Special Plotting	_____ Define Area Below	_____	_____
_____ Computer Reports	_____ List Area Below	_____	_____
_____ E-Size (30"x36") Orthophoto	_____	_____	_____
_____ Other	_____	_____	_____

Additional instructions: Use this space to explain area, data layers, color criteria, media, etc.

Received By: _____

Total Cost: _____

I hereby request a GIS map product, as indicated above, from the Franklin County Auditor's Office. I understand that, due to plotting time, the display of certain data items may be restricted. I further understand that the digital files from which these plots are produced are not final and may not have passed all of the Franklin County Auditor's quality control procedures. I agree to report any observed discrepancies to the GIS Department.

Revised July, 2004